

NEONATAL INFECTION EXPANDED TRACKING FORM

*Infant's Name: _____ (Last, First, M.I.) *Infant's Chart No.: _____
 *Mother's Name: _____ (Last, First, M.I.) *Mother's Chart No.: _____
 *Mother's Date of Birth: ____/____/____ month day year (4 digits) *Hospital Name: _____

ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) NEONATAL INFECTION EXPANDED TRACKING FORM



Form Approved
0920-0978

STATEID _____ HOSPITAL ID (of birth; if home birth leave blank) _____

Infant Information Were labor & delivery records available? ☐ Yes (1) ☐ No (0)

Date & time of positive culture: ____/____/____ month day year (4 digits) (times in military format)

1. Date of Birth: ____/____/____ month day year (4 digits) Time of birth: ____ time ☐ Unknown (1)		2. Did this birth occur outside of the hospital? ☐ Yes (1) ☐ No (0) ☐ Unknown (9) IF YES , please check one: ☐ Home Birth (1) ☐ Birthing Center (2) ☐ En route to hospital (3) ☐ Other (4) ☐ Unknown (9)	
3a. Gestational age of infant at birth in completed weeks: ____ (do not round up)	3b. Date of maternal last menstrual period (LMP): ____/____/____ month day year (4 digits) ☐ Unknown (1)	3c. Gestational age determined by: ☐ Dates (1) ☐ Physical Exam (2) ☐ Ultrasound (3) ☐ Assisted Reproductive Technology (4) ☐ Unknown (9)	
4. Birth weight: ____ lbs ____ oz OR ____ grams		5. Date & time of newborn discharge from hospital of birth: ____/____/____ month day year (4 digits) ____ time ☐ Unknown (1)	
6. Was patient admitted to the ICU during hospitalization? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)		IF YES, Date & time of admission: ____/____/____ month day year (4 digits) ____ time ☐ Unknown (1) Date & time of discharge: ____/____/____ month day year (4 digits) ____ time ☐ Unknown (1)	

Questions 7-10b should only be completed for early- and late-onset GBS cases

7. Was the infant discharged to home and readmitted to the birth hospital? ☐ Yes (1) ☐ No (0) IF YES , date & time of readmission: ____/____/____ month day year (4 digits) ____ time ☐ Unknown (1)													
8. Was the infant admitted to a different hospital from home? ☐ Yes (1) ☐ No (0) IF YES , hospital ID: _____ AND date & time of admission: ____/____/____ month day year (4 digits) ____ time ☐ Unknown (1)													
9a. Were any ICD-10 codes reported in the discharge diagnosis of the infant's chart? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)													
9b. IF YES , were any of the following ICD-10 codes reported in the discharge diagnosis of the chart? (Check all that apply) <table border="0"> <tr> <td>☐ A40.1: Sepsis due to streptococcus, group B (1)</td> <td>☐ P36.1: Sepsis of newborn to other unspecified streptococci (1)</td> </tr> <tr> <td>☐ A40.8: Other Streptococcal sepsis (1)</td> <td>☐ P36.9: Bacterial sepsis of newborn, unspecified (1)</td> </tr> <tr> <td>☐ A40.9: Streptococcus sepsis, unspecified (1)</td> <td>☐ B95.1: Streptococcus, group b as the cause of disease classified elsewhere (1)</td> </tr> <tr> <td>☐ A49.1: Streptococcal infection, unspecified site (1)</td> <td>☐ B95.5: Unspecified streptococcus as the cause of disease classified elsewhere (1)</td> </tr> <tr> <td>☐ P36: Bacterial sepsis of newborn (1)</td> <td>☐ G00.2: Streptococcal meningitis (1)</td> </tr> <tr> <td>☐ P36.0: Sepsis of newborn due to streptococcus, group B (1)</td> <td></td> </tr> </table>		☐ A40.1: Sepsis due to streptococcus, group B (1)	☐ P36.1: Sepsis of newborn to other unspecified streptococci (1)	☐ A40.8: Other Streptococcal sepsis (1)	☐ P36.9: Bacterial sepsis of newborn, unspecified (1)	☐ A40.9: Streptococcus sepsis, unspecified (1)	☐ B95.1: Streptococcus, group b as the cause of disease classified elsewhere (1)	☐ A49.1: Streptococcal infection, unspecified site (1)	☐ B95.5: Unspecified streptococcus as the cause of disease classified elsewhere (1)	☐ P36: Bacterial sepsis of newborn (1)	☐ G00.2: Streptococcal meningitis (1)	☐ P36.0: Sepsis of newborn due to streptococcus, group B (1)	
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☐ P36.0: Sepsis of newborn due to streptococcus, group B (1)													
10. Did the baby receive breast milk from the mother? (for late-onset GBS cases only): ☐ Yes (1) ☐ No (0) ☐ Unknown (9) IF YES , did the baby receive breast milk before onset of GBS ☐ Yes (1) ☐ No (0) ☐ Unknown (9)													
10a. Did the infant receive antibiotics anytime during the birth hospitalization? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)													
10b. IF YES , was it a beta-lactam? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)													

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA(0920-0978). **Do not send the completed form to this address.**

Maternal Information

11. Maternal admission date & time:

___/___/___

month

day

year (4 digits)

___:___

time

☐ Unknown (1)

12. Maternal age at delivery (years):

___ years

12a. Number of prior pregnancies

☐ Unknown (9)

13. Maternal blood type:

☐ Unknown (9)

☐ A (1) ☐ B (2) ☐ AB (3) ☐ O (4)

14. Did mother have a prior history of penicillin allergy?

☐ Yes (1) ☐ No (0)

IF YES, was a previous maternal history of anaphylaxis noted?

☐ Yes (1) ☐ No (0)

14a. MATERNAL UNDERLYING OR PRIOR ILLNESSES: (Check all that apply OR if NONE or CHART UNAVAILABLE, check appropriate box)

1 ☐ AIDS or CD4 count <200

1 ☐ Asthma

1 ☐ Atherosclerotic CVD (ASCVD)/CAD

1 ☐ Bone Marrow Transplant (BMT)

1 ☐ CVA/Stroke/TIA

1 ☐ Chronic Hepatitis C

1 ☐ Chronic Kidney Disease

1 ☐ Chronic Liver Disease/cirrhosis

1 ☐ Current Chronic Dialysis

1 ☐ Chronic Skin Breakdown

1 ☐ Complement Deficiency

1 ☐ Connective Tissue Disease (Lupus, etc.)

1 ☐ CSF Leak

1 ☐ Dementia

1 ☐ Diabetes Mellitus, HbA1C _____(____%), Date ____/____/____

1 ☐ Emphysema/COPD

1 ☐ Heart Failure/CHF

1 ☐ HIV Infection

1 ☐ Hodgkin's Disease/Lymphoma

1 ☐ Immunoglobulin Deficiency

1 ☐ Immunosuppressive Therapy (Steroids, etc.)

1 ☐ Leukemia

1 ☐ Multiple Myeloma

1 ☐ Multiple Sclerosis

1 ☐ Myocardial Infarction

1 ☐ Nephrotic Syndrome

1 ☐ Neuromuscular Disorder

1 ☐ Obesity

1 ☐ Parkinson's Disease

1 ☐ Peptic Ulcer Disease

1 ☐ None

1 ☐ Unknown

1 ☐ Peripheral Neuropathy

1 ☐ Peripheral Vascular Disease

1 ☐ Plegias/Paralysis

1 ☐ Seizure/Seizure Disorder

1 ☐ Sickle Cell Anemia

1 ☐ Solid Organ Malignancy

1 ☐ Solid Organ Transplant

1 ☐ Splenectomy/Asplenia

15. Date & time of membrane rupture:

___/___/___

month

day

year (4 digits)

___:___

time

☐ Unknown (1)

16. Was duration of membrane rupture ≥18 hours?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

17. If membranes ruptured at <37 weeks, did membranes rupture before onset of labor?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

18. Type of rupture:

☐ Spontaneous (1) ☐ Artificial (2) ☐ Unknown (9)

19. Type of delivery: (Check all that apply)

☐ Vaginal (1) ☐ Vaginal after previous C-section (1) ☐ Primary C-section (1) ☐ Repeat C-section (1)

☐ Forceps (1) ☐ Vacuum (1) ☐ Unknown (1)

If delivery was by C-section:

Did labor begin before C-section?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

Did membrane rupture happen before C-section?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

20. Intrapartum fever (T ≥ 100.4 F or 38.0 C):

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, 1st recorded T ≥ 100.4 F or 38.0 C at:

___/___/___

month

day

year (4 digits)

___:___

time

☐ Unknown (1)

21. Were antibiotics given to the mother intrapartum?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, answer 21a-b and Questions 22-23

a) Date & time antibiotics 1st administered: (before delivery)

___/___/___

month

day

year (4 digits)

___:___

time

☐ Unknown (9)

b) Antibiotic 1: _____

☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: ___/___/___ Stop date (if applicable): ___/___/___

Antibiotic 2: _____

☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: ___/___/___ Stop date (if applicable): ___/___/___

Antibiotic 3: _____

☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: ___/___/___ Stop date (if applicable): ___/___/___

Antibiotic 4: _____

☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: ___/___/___ Stop date (if applicable): ___/___/___

Antibiotic 5: _____

☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: ___/___/___ Stop date (if applicable): ___/___/___

Antibiotic 6: _____

☐ IV (1) ☐ IM (2) ☐ PO (3) # doses given before delivery: _____

Start date: ___/___/___ Stop date (if applicable): ___/___/___

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22. Interval between receipt of 1st antibiotic and delivery: ____ (hours) ____ (minutes) ____ (days)*

*Day variable should only be completed if the number of hours >24

23. What was the reason for administration of intrapartum antibiotics? (Check all that apply)

- ☐ GBS prophylaxis (1) ☐ Prolonged latency (1) ☐ Mitral valve prolapse prophylaxis (1)
☐ Suspected amnionitis/chorioamnionitis (1) ☐ C-section prophylaxis (1) ☐ Other (1)
☐ Unknown (1)

24. Did mother have chorioamnionitis or suspected chorioamnionitis? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

Questions 25–33 should only be completed for early- and late-onset GBS cases

25. Did mother receive prenatal care? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

26. Please record the following: the total number of prenatal visits AND the first and last visit dates to the prenatal as recorded in the labor and delivery chart

No. of visits: ____ First visit: ____ / ____ / ____ Last visit: ____ / ____ / ____ ☐ Unknown (1)
month day year (4 digits) month day year (4 digits)

27. Estimated gestational age (EGA) at last documented prenatal visit: ____ . ____ (weeks)

28. GBS bacteriuria during this pregnancy? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, what order of magnitude was the colony count?

- ☐ 0 (1) ☐ <10,000 (2) ☐ 10k–<25,000 (3) ☐ 25k–<50,000 (4) ☐ 50k–<75,000 (5) ☐ 75k–<100,000 (6)
☐ ≥100,000 (7) ☐ Unknown (9)

29. Previous infant with invasive GBS disease? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

30. Previous pregnancy with GBS colonization? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

31a. Was maternal group B strep colonization screened for BEFORE admission (in prenatal care)?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, list dates, test type, and test results below:

Test date (list most recent first):	Test type:	Test Result (Do not include urine here!)
1. ____ / ____ / ____	☐ Culture (1) ☐ PCR (2) ☐ Rapid antigen (3) ☐ Other (4) ☐ Unknown (9)	☐ Positive (1) ☐ Negative (0) ☐ Unknown (9)
2. ____ / ____ / ____	☐ Culture (1) ☐ PCR (2) ☐ Rapid antigen (3) ☐ Other (4) ☐ Unknown (9)	☐ Positive (1) ☐ Negative (0) ☐ Unknown (9)

31b. If the *most recent* test was GBS positive was antimicrobial susceptibility performed BEFORE admission (in prenatal care)?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, Was the isolate resistant to clindamycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

Was the isolate resistant to erythromycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

32a. Was maternal group B strep colonization screened for AFTER admission (before delivery)? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, list date of *most recent* test, test type and test results below:

Test date (list most recent first):	Test type:	Test Result (Do not include urine here!)
____ / ____ / ____	☐ Culture (1) ☐ PCR (2) ☐ Rapid antigen (3) ☐ Other (4) ☐ Unknown (9)	☐ Positive (1) ☐ Negative (0) ☐ Unknown (9)

32b. If the *most recent* test was GBS positive, was antimicrobial susceptibility performed AFTER admission?

☐ Yes (1) ☐ No (0) ☐ Unknown (9)

IF YES, Was the isolate resistant to clindamycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

Was the isolate resistant to erythromycin? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

33. Were GBS test results available to care givers at the time of delivery? ☐ Yes (1) ☐ No (0) ☐ Unknown (9)

34. COMMENTS: _____

35. Neonatal Infection Expanded Form Tracking Status:

☐ Complete (1) ☐ Incomplete (2) ☐ Edited & corrected (3) ☐ Chart unavailable after 3 requests (4)